TEACHERS COLLEGE EMPLOYEE ACCIDENT REPORTING FORM

Instructions: This form is to be completed immediately by the <u>Supervisor</u> for all employee accidents and forwarded to Human Resources. <u>Complete as much information as possible - don't hold off reporting.</u>

| me: | Date and Time of Incident | :: / |
|---|--|---|
| partment/Division where employee works: | | |
| ness: | Telephone # | |
| me Address: | | |
| itness Statement: | | |
| ness Signature | | Date |
| FACTS OF ACCIDENT | | |
| ☐ Zankel Building ☐ Thompson Hall ☐ Mercare Mann Hall ☐ Thorndike Hall ☐ Residential Halls: ☐ Bancroft Hall ☐ Grant Hall ☐ Sarasota Hall ☐ Sa | Gordon Campus (Theresa Hot Hall Seth Low New Re e., North staircase 2 nd floor, outsi | esidence Hall Whittier Hall de room 309, etc): |
| hat were the contributing factors or conditions? | | |
| slip/fall incident describe employee footwear: | | |
| | | |

| TREATMENT | |
|---|-------------------------|
| Where was treatment provided? First Aid Hospital Eme | ergency Room |
| If treated by hospital, please list hospital name, telephone number | r, and address: |
| | |
| Did employee leave work early day of incident? Yes No | If yes, how many hours? |
| f known, please list dates of work days employee is expected to le | ose: |
| PREVENTION AND CORRECTIVE ACTION | |
| In this situation, what can be done to prevent future accidents/inciequipment, procedures, personal protective equipment, additional training | |
| Type of corrective action initiated and date (including discipline if a | ppropriate): |
| EMPLOYEE COMMENTS: | |
| | |
| I UNDERSTAND THE ACTIONS THAT I CAN TAKE TO Employee Signature | |
| SUPERVISOR COMMENTS: | |
| | |
| | |
| Supervisor Signature | Date |

Please be sure to complete all known information but don't hold these reports. Send report to Human Resources as soon as possible.